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| **Attachment E****Contractor Inclusion Plan** |

Instructions

DSHS requires that bidder submit this inclusion plan template as part of their proposal. Once submitted, the Inclusion Plan template becomes part of the contract if awarded to the bidder. The Bidder shall also include an anticipated list of small and diverse subcontractors or vendors who may provide services on the project. Responses should reflect the Bidder's sincere efforts to include diverse small businesses. Businesses listed in the plan must be certified by OMWBE or DVA, or registered in WEBS as a small business. If a company is not certified or registered but may be eligible for certification, the Bidder should encourage the company to become certified.

Inclusion goals are aspirational. No preference is given for inclusion plans or goals in the evaluation of bids. While no minimum level of OMWBE certified, Veteran Owned, or Washington Small Business participation will be required as a condition for receiving an award, the plan must include the actions the contractor will take to increase subcontracting opportunities for those business types.

DIVERSE BUSINESS INCLUSION PLAN

1. Do you anticipate using, or is your firm, a Washington State Certified Minority Business?

[ ] YES [ ] NO

1. Do you anticipate using, or is your firm, a Washington State Certified Women’s Business?

[ ] YES [ ] NO

1. Do you anticipate using, or is your firm, a Washington State Certified Veteran Business?

[ ] YES [ ] NO

1. Do you anticipate using, or is your firm, a Washington State Small Business?

[ ] YES [ ] NO

1. If you answered No to all the questions above, please explain:

1. A description of your firm’s planned efforts at outreach to the small and diverse business community:

1. A list of projects (5 max.) with diverse business participation in the last five (5) years:

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| --- | --- | --- | --- |
| **Subcontractor** | **Project** | **Year** | **Percentage** |
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1. A description of how firm considers small business in the development of bid packages.

1. Describe the actions you will take to increase subcontracting opportunities for those business types.

1. Please indicate the number of people in your Diversity Inclusion team.

If you answered Yes to any of questions one through four, please complete questions eleven through thirteen.

1. Please list the approximate percentage of work to be accomplished by each group in this contract:
	1. Minority [INSERT #]%
	2. Women [INSERT #]%
	3. Veteran [INSERT #]%
	4. Small Business [INSERT #]%
2. Please identify the person in your organization to manage/ lead your Diverse Inclusion Plan responsibility.
	1. Name:
	2. Phone:
	3. E-Mail:
3. Please identify the list of potential diverse subcontractors
	1. -------------------------
	2. -------------------------
	3. -------------------------

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

Bidder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place Signed (City, State):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_